



HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

MAKING A **difference** EVERY DAY



Healthcare professionals like **Darcy Cowles** know that sometimes you have to go the extra mile to make a difference in the lives of patients. **PAGE 4**

Reducing health risks with wellness programs **PAGE 3**



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Ohio voters send a clear message **PAGE 3**





One thing we learned in 2011 is that elections matter

RANDI WEINGARTEN, AFT President

MANY OF OUR biggest challenges in 2011 can be traced to the losses of worker-friendly legislatures and governors in states such as Ohio, Michigan, Pennsylvania, Indiana and Wisconsin.

Politicians in those states and others cynically took advantage of the anxiety caused by our economic crisis. As a result, some of our most arduous and important work in the past year—the successful Ohio citizens’ veto of Senate Bill 5, the Wisconsin recall elections, the fight against Alabama’s anti-immigration bill—involved trying to undo

opportunities. We can never forget that the policies they put into law have a real impact on real people: the child who is denied extra help because her class size has ballooned; the senior who puts off buying a prescription because he can’t afford the cost; a family that loses its home to bank foreclosure.

We need to change this in 2012. While key state and federal elections won’t take place until November, we must use the early months of the new year to begin laying the groundwork for the important contests that lie ahead.

Democrats will need to pick up 24 seats in the U.S. House of Representatives to regain control. We anticipate close contests that could flip control of the legislatures in at least a half-dozen states. Races such as these could result in policy shifts that change the lives of hundreds of thousands of our members.

We’ll have to continue our fight for passage of the American Jobs Act, and we’ll need to continue to push for reauthorization of an Elementary and Secondary Education Act that will help ensure all children can get the great education they deserve. And the decisions on how to tackle the federal budget deficit will be felt for years to come.

What can each one of us do? It is crucial we educate and mobilize our members, our allies and the general public around the issues that will help us create an environment to elect pro-public sector, pro-public education candidates.

In the past year, we have faced unprecedented challenges. We fought hard and we fought smart. In many cases, our opponents have been chastened. In other cases, they may have been emboldened. As Frederick Douglass said, “Power concedes nothing without a demand,” and “If there is no struggle, there is no progress.”

So struggle we will. The overreaching policies of the extremists may be draconian, but they also may provide us an opening to take back our nation. The ball is in our court. We can’t afford to throw it away.

Elected officials have a direct effect on **our jobs, our rights**, and the well-being of **our families** and communities.

the terrible choices that made their way into law and were hurting children, seniors and middle-class families.

The starkest example was Ohio, where politicians used the devastating recession as an excuse to strip public employees of their collective bargaining rights. The overreach galvanized a broad coalition of Ohioans, who collected signatures to place the anti-worker law on the ballot. In November 2011, voters soundly repealed the measure.

But the lesson that remains from 2010 is that elections matter. Elected officials have a direct effect on our jobs, our rights, and the well-being of our families and our commu-

The 2012 elections will be the first after the reapportionment and redistricting process, which shifted about a dozen electoral votes from states President Obama won in 2008. At stake is the control of Congress, dozens of state legislatures and, of course, the White House.

Meanwhile, the Brennan Center for Justice warns that a wave of legislation tightening restrictions on voting has swept the country. A study by the center concluded that more than 5 million voters could be affected by the new rules—a number larger than the margin of victory in the last three presidential elections.

While our challenges are great, so are our



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Citizens' veto in Ohio sends a clear message

Voters reject effort to take away the rights of workers

THE CITIZENS OF OHIO took back their state with a historic vote on Nov. 8 to repeal Senate Bill 5. The vote, which marks the first time that the collective bargaining rights of public employees have been upheld on a statewide ballot, sends a clear signal that union members and their allies will not sit idly while politicians scapegoat public employees for an economic crisis they did not create.

"The repeal of S.B. 5 was a victory for every teacher who helps a struggling child, every firefighter who races into a burning building, every snowplow operator who ensures safe travel for others, and every community that relies on these vital public services," AFT president Randi Weingarten says. "The historic citizens' veto was a victory for all Ohioans, and for all Americans who care about democracy and fair play."

Ohio voters rejected the law gutting collective bargaining for public employees by 61 percent to 39 percent. The outcome is a

clear vote of confidence in public employees who provide vital services every day, including nurses, firefighters and the 20,000 teachers and school personnel, higher education faculty and staff, and social service professionals represented by the Ohio Federation of Teachers.

OFT president Sue Taylor says the repeal of S.B. 5, which was signed into law March 31, is a credit to the broad-based coalition of more than 17,000 volunteers who collected nearly 1.3 million signatures to put the issue on the ballot and then worked to make sure their fellow Ohioans knew what was at stake.

"Ohioans said loud and clear that taking away the rights of workers does not solve our state's economic problems," Taylor says. "Voters chose to support the idea that workers should retain their right to have a voice and dignity in their workplace."

The repeal of S.B. 5 was an important victory. But as Weingarten says, "there is still



Ohioans celebrate repeal of anti-union law. much work to be done." The same politicians who supported S.B. 5 also passed a state budget that cut vital funding for local communities and classrooms by more than \$3.5 billion.

Healthcare workers found to be less healthy

Unions, employers use wellness programs for improvements

WHAT'S HAPPENING with healthcare workers today? A recent study by Thomson Reuters revealed that hospital employees and their dependents use more healthcare services and are not as healthy as the general U.S. workforce.

They had an 8.6 percent greater illness burden than the workforce at large and were more likely to be diagnosed with chronic medical conditions including asthma, diabetes, congestive heart failure, HIV, hypertension and mental illness. The research also found that hospital workers and their families had fewer physician office visits, yet were 22 percent more likely to visit the emergency room. How can this be?

"Healthcare workers routinely are exposed to far more work-related hazards than the general population," says AFT health and safety expert Darryl Alexander.

Any surveillance of healthcare workers should take into account the kind of work-related hazards they are exposed to: asthma associated with overexposure to disinfectants and other chemicals, ergonomic and mus-

culoskeletal hazards, as well as work-related stress, she notes.

"Ideally, the healthcare workforce would be a model for healthy behaviors and the appropriate use of medical resources," says Raymond Fabius, chief medical officer of healthcare business for Thomson Reuters. "Unfortunately, our data suggests that the opposite is true today. Hospitals that tackle this issue can strengthen their business performance and community service."

"If we want healthcare workers to be models of healthy behavior, we have to take a closer look at the workplace. Healthcare is a complex industry with a complex set of exposures," says Alexander. "On the whole, most healthcare settings are pretty dangerous. All of these issues contribute to stress," Alexander explains, "and workers may adopt unhealthy habits as a way to deal with those stressors."

One of the best ways to reduce health risks is to establish wellness programs for employees. In fact, more and more employers are offering wellness programs and in-

More employers are offering wellness programs.



A new wellness program will help Federation of Nurses/UFT members lead healthier lives.

centives for workers to lead more healthy lives. Recognizing the importance of such programs, the Federation of Nurses/UFT and the Visiting Nurse Service of New York piloted their own health-and-wellness program last summer.

The free preventive program stresses both measuring health and monitoring it. Federation of Nurses/UFT members can have their blood pressure taken, their body mass index calculated, and a blood sample fed into a portable testing device to calculate cholesterol, triglyceride and glucose levels. Members can find out their numbers instantly, and

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AFT HEALTHCARE represents thousands of health professionals in various fields. Here are a few profiles of members who, like you, are making a difference every day.

Darcy Cowles NEW TO UNION LIFE

Darcy Cowles has a philosophy: Go for what you want. That belief led Cowles to become a nuclear medicine technologist. It also helped her become president of the newly formed LPN and tech local at Manchester Memorial Hospital in Connecticut.

After serving in the military, Cowles decided to go into healthcare, first looking into becoming an ultrasound technician. Then she ran into a friend who worked in nuclear medicine and after shadowing a few nuclear medicine techs, Cowles decided it was the path she wanted to take. She's been in the

field for the last four years.

Each year, more than 16 million Americans undergo nuclear medicine procedures for a variety of conditions, including cancer, cardiovascular disease, neurological conditions and other physiological problems. Cowles performs cardiac stress tests most days, but she also works with the emergency department, testing for bone breaks, blood clots and internal bleeding.

"We don't think of what we do as saving lives, but in reality, that's what it is," she says. No day is typical, and that's why Cowles likes her job so much. "I never know what's going to happen."

Sometimes her patients' fear is a challenge, but being able to help them and their families is the biggest reward. Patients automatically think a procedure is something scary, "but it's really not," says Cowles, who does her best to make patients comfortable by taking the time to explain what she's going to do. "They may come in afraid, but they always leave feeling better."

And for the claustrophobic patients, Cowles is always willing to hold a hand.

Cowles knows what it's like to feel scared and the comfort of having support to get through tough times. When the LPNs and techs at Manchester decided to organize in 2010, "people were scared," she says. "We never had a union before, but we were certain that forming a union was the right thing to do. Now we can all work together to make change."

Union life is another new adventure for Cowles. Now that she is president of her lo-

cal, she finds herself on an unexpected path, just as she was at the start of her career in healthcare. "I wasn't afraid to take the lead," Cowles says about her decision to run for president of the union. One reason for that may be her other philosophy: Do your best, and don't ever let anyone tell you that you can't do something.

Travis Beebe 'I'M IN THE RIGHT PLACE PROFESSIONALLY'

Travis Beebe, a critical care nurse at Fletcher Allen Health Care in Burlington, Vt., came to nursing in a roundabout way. In college he was a business major, but had no love for it. A job in the ski patrol stirred his interest in healthcare.

Nursing is an amazing profession that lets him see people caring for one another, says Beebe. "It is a window into peoples' lives, and it can be great and it can be awful," he explains. "It's funny because I didn't think it would be that way."

Beebe worked as an LPN and an EMT before becoming a registered nurse.

Beebe's work is not limited to Vermont. He has traveled to Haiti, volunteering his services at least half a dozen times since the 2010 earthquake there. His work in Haiti has been an "amazing introduction to a country and its people," says Beebe. The radically different environment has changed him.

"Haiti has made me more aware of how others live, and it's made me realize how much I have to learn," says Beebe, who has worked with the Vermont Medical Response Team and the Vermont Federation of Nurses and Health Professionals to establish a clinic for women and children in Port-au-Prince.

"It's nice to see the country alive again. The Haitian people are phenomenally resilient. [They] keep me coming back," he says. "The more I travel, the more I see a grassroots level of energy" to rebuild the country and make it better.

"The experience of working in Haiti has magnified what nursing has brought to my life. It's very easy to get caught up in the daily grind of things. When I get that way, I think about the people in Haiti. I recognize how fragile life is and how important it is to appreciate every minute. Sometimes I sit and wonder how I ended up here. But, I know I was drawn to this field, and there isn't anything else I would like to do. I'm in the right place professionally."

"We don't think of what we do as saving lives, but in reality, that's what it is."

—DARCY COWLES, nuclear medicine technologist
Manchester (Conn.) Federation of LPNs and Techs United



JOHN WILDGON

“I’m **excited** about the power of reform to **transform** people’s **health**.”

—TRAVIS BEEBE,
registered nurse, Vermont Federation of
Nurses and Health Professionals



ANDY DUBACK

As a registered nurse, Beebe sees his job as one of support for his patients—mind, body and spirit. But one of the biggest challenges in nursing is the constant pressure to do more with less, he says. Another challenge is people’s relative lack of knowledge about health.

“Being healthy is more than just the lack of disease,” says Beebe, who thinks most people take their health for granted. “They don’t take decisions about their health seriously. The unhealthy choices we make in our lives is not a concern when you’re in your 20s, but at 60, it’s more of a concern. People don’t pay attention to their health until there’s a problem.”

He hopes healthcare reform will move people toward preventive care. “I’m excited about the power of reform to transform people’s health,” he says.

The changes that are taking place in healthcare fascinate him, especially as Vermont moves to a single-payer system. But it is a move that can be unsettling. “Although the changes are needed, the uncertainty of what those changes mean makes me nervous,” says Beebe. “This could affect my livelihood. The problem is that any questions we have won’t be answered until the changes have occurred.”

Sherri Lukes

A COMMITMENT TO PUBLIC HEALTH

Early in her career as a dental hygienist, Sherri Lukes traded private practice for public healthcare. It wasn’t a particularly popular or lucrative path, but for Lukes it has made the difference. A dental hygienist for 30 years, for the last 23 years Lukes has taught aspiring dental students in the dental hygiene program at Southern Illinois University in Carbondale.

“I enjoyed working with patients, but I

wanted to teach others,” she says. Lukes not only wanted to teach about the profession but also about the importance of public health.

“Dental public health functions very differently than private dental practice,” says Lukes, who is member of the Illinois Dental Hygienists’ Association (IDHA), an affiliate of the Illinois Federation of Teachers. “In public health, there’s a different clientele. We treat a lot of Medicaid-eligible patients, and service is often dictated by the method of payment. But we do what can be done as efficiently as we can.”

“When we can get **services** for someone ... it’s a **great** feeling.”

—SHERRI LUKES, dental hygienist,
Illinois Dental Hygienists’ Association

Lukes has a heart for underserved populations. “There are so many people who aren’t getting the care they need and so little government funding for the poor when it comes to dental care. When we can get services for someone who’s been in pain and help that patient navigate the system and get help, it’s a great feeling.”

Her commitment to public health led Lukes to begin working with the Community Health Partnership of Illinois, a Chicago-based organization that provides primary healthcare to migrant and seasonal farm workers throughout the state. Every summer, Lukes and her students set up dental health clinics for those in need. In addition, Lukes has traveled with her students to central Mexico to set up dental clinics for residents there.

Her students also get a chance to treat pa-

tients at a much lower cost through the university’s dental clinic. “It’s a win-win,” says Lukes. “Students get to see patients, and patients pay a lot less. I tell people, ‘if you have the time, we are the best deal in town.’”

“Students really enjoy the clinics, and they get a lot out of them,” says Lukes. Her hope is that their work and interactions with the patients will motivate some of her students to work in the public health sector.

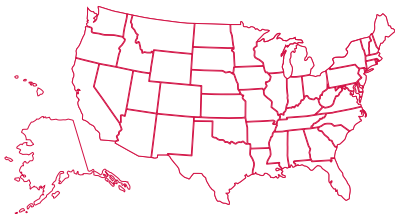
And she hopes her students have more flexibility to practice as mid-level practitioners soon. Unlike some states, Illinois does not allow dental hygienists to treat patients unless a dentist has examined them. As a member of the IDHA, Lukes has been lobbying for a change in the law that would allow low-income populations to have more access to dental care. “Right now, our hands are tied, but there is so much more we can do,” she laments. Although, the laws for dental hygienists are restrictive, Lukes sees a better future. “Things are coming around.”

In the meantime, Lukes is happy to have a classroom full of potential each year. “I have had a great career in dentistry. Having the chance to make a difference in the lives of my students and watch them grow throughout the program is pretty cool.”

— ADRIENNE COLES



STEVE JANHKE



HPAE, whose members were on strike against the American Red Cross last May, is one of several locals across the country to reach a settlement with the organization.

CA A safe patient handling measure was signed into law in October by Gov. Jerry Brown. The Hospital Patient and Health Care Worker Injury Protection Act, introduced by Assembly member André R. Swanson (D-Alameda), requires acute care hospitals to establish safe patient-handling policies for patient care units and maintain trained lift teams made up of staff who are specifically trained to lift, transfer and reposition patients.

The measure protects workers from disciplinary action if safety concerns cause them to refuse to lift, reposition or transfer a patient without a lift team. The measure also gives hospitals the flexibility

to establish safe patient policies that reflect their unique needs, and allows hospitals to train existing staff as lift team members.

NJ American Red Cross workers, represented by the AFT-affiliated Health Professionals and Allied Employees (HPAE), unanimously agreed in September to ratify a three-year contract.

The agreement includes wage increases, and improvements in scheduling and policies regarding working conditions. The settlement averted a possible second strike deadline, following a three-week strike in May and a 90-day cooling-off period that ended earlier in September.

Across the country, nearly 30 local unions have been engaged in ongoing labor disputes with American Red Cross Blood Services Division; and a number of these unions are now reaching settlements after strike threats.

The HPAE-Red Cross settlement includes wage increases of 2.5 percent in each of the first two years; improvements in leave time and scheduling policies, including the addition of an emergency day and maintenance of travel time policies; introduction of a new national health plan in 2013; and establishment of a national labor/management committee focused on health benefit issues.

"We fought hard and successfully to maintain working conditions that would ensure safety for our members and donors," says Renee Conyers, president of the HPAE local at Red Cross Blood Services. "We improved scheduling policies, and we have gained a voice at the table on changes to our health coverage. We also eliminated the drastic changes Red Cross initially proposed that we believe would have made our blood drives less safe for workers and our donors."

NY By a vote of 27,718 to 11,645, the New York State Public Employees

Federation ratified a new four-year contract in November. The agreement secures vital services for state residents by avoiding thousands of layoffs that had been threatened by Gov. Andrew Cuomo.

"PEF members displayed incredible compassion and sacrifice in voting for a contract that is pivotal to New York state's fiscal viability," AFT president Randi Weingarten says. "New York state public workers didn't create the fiscal crisis, but they have been asked to help solve it.

The overwhelming vote approving the new contract avoids the threatened layoff of nearly 3,500 people, who will now go back to keeping New York's bridges and roads safe, and its water and air clean, and will continue to provide care and treatment for the state's most vulnerable citizens.

"After frank discussions by PEF members, the renegotiated contract also contains provisions that alleviated some of the concerns they voiced when they rejected the first agreement," Weingarten says.

PEF president Ken Brynien, who is an AFT vice president, says the decision to approve the contract was a difficult one for members, but "it demonstrates they are willing to do their part to put New York state on a stable financial footing, as all New Yorkers should, and are helping to resolve a fiscal crisis for which they were not responsible."

"This agreement preserves our members' jobs and the services they provide," he adds. "During this economic downturn, the state's citizens are more dependent on these vital services than ever."

"The state's public workers have stepped up to help move New York state forward," Weingarten says. "Now is the time for others in New York to share in the responsibility of helping all New Yorkers reclaim the American dream."

AFT offers scholarships & grants

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AFT VOICES



What effect do you think healthcare reform will have on your job?

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The future of nursing continued

A YEAR AGO, the Institute of Medicine's landmark report "The Future of Nursing: Leading Change, Advancing Health" mapped out an ambitious plan for addressing the nation's looming nursing shortage and preparing the nursing workforce for the many healthcare challenges of the 21st century.



The newest policy brief in the Robert Wood Johnson Foundation's (RWJF) Charting Nursing's Future (CNF) examines ways to achieve the report's call for increasing the number and percentage of nurses with baccalaureate degrees and higher, including several initiatives already showing positive results.

The two key Institute of Medicine (IOM) recommendations in this area called for increasing the percentage of nurses in the workforce with at least a Bachelor of Science degree in nursing to 80 percent by 2020 ("80 by '20"), while at the same time doubling the number of nurses with doctorates.

The brief notes that meeting the "80 by '20" goal will involve educating 760,000 additional nurses to at least the BSN level. A number of approaches have already begun to succeed, according to the brief, while others hold great promise. It also highlights the successful pilot of the Robert Wood Johnson Foundation New Careers in Nursing program, administered by the American Association of Colleges of Nursing and funded by RWJF.

Find the brief at www.rwjf.org.

Investing in community health helps everyone

A NEW STUDY shows that federal investment in community health centers not only increases underserved populations' access to healthcare, but also creates thousands of jobs in the communities that need them the most.

The report from the Geiger Gibson/RCHN Community Health Foundation Research Collaborative at the George Washington Univer-

sity measured the economic and jobs-creation benefits of investment in health centers—and what happens when health center funding is reduced.

The report notes that the \$2 billion invested in community health centers under the American Recovery and Reinvestment Act (ARRA) helped produce more than \$23 billion in total community economic benefits and generate more than 221,000 jobs. It also points out that the \$11 billion investment in community health centers under the Affordable Care Act would expand services to at least 16 million Americans in underserved communities and would generate \$54 billion in economic benefits and create 284,000 new jobs by 2015.

"Community health centers not only provide a regular source of medical care for the growing number of Americans that need it, but they are also proven job-creating economic engines that employ people in the communities that they serve," says Dan Hawkins of the National Association of Community Health Centers. "All of these economic benefits are in addition to the \$24 billion in annual savings that health centers deliver by keeping people healthy and avoiding unnecessary ER and hospital use."

Read the full report at www.rchnfoundation.org.

Zero-tolerance policies quell workplace violence

A RECENTLY RELEASED ongoing survey of emergency room nurses nationwide finds that

the rates of physical violence and verbal abuse against nurses continue to rise. However, the rates were lower for emergency departments in hospitals that have a higher commitment to safety and reporting policies, particularly those with zero-tolerance policies.

"Zero-tolerance policies are showing great promise for reducing the incidence of violence, and we would like to see more hospitals implement these policies in order to safeguard patients' safety and health, as well as that of the people who care for them," says Emergency Nurses Association president AnnMarie Papa.

The survey found that 53.4 percent of nurses reported experiencing verbal abuse and more than one in 10 (12.9 percent) reported experiencing physical violence over a seven-day period. In most cases of assault, nurses did not file a formal report. The study also found that in almost half (46.7 percent) of the cases of physical violence, no action was taken against the perpetrator. In nearly three-quarters (71.8 percent) of cases, nurses received no response from the hospital about the assault.

The report also identifies several measures that are associated with lower rates of physical violence and verbal abuse. Verbal abuse rates were lower when emergency departments had locked entries, an enclosed nurses' station, call code pseudonyms, security signs and well-lit areas. The 2011 "Emergency Department Violence Surveillance Study" is available online at www.ena.org.

POSTSCRIPT

OSHA gives healthcare workers a weapon against violence

IN 2010, to the satisfaction of members of the Danbury (Conn.) Nurses Union, the Occupational Safety and Health Administration issued a citation to Danbury Hospital for failing to provide adequate safeguards against workplace violence.

The story, "Putting an End to a History of Violence," in the September/October 2010 issue of *Healthwire*, chronicled the members' effort to combat violence at the hospital. In October 2011, after two years of pressure from AFT Healthcare and other unions, OSHA released a compliance directive on workplace violence.

This is good news that affects all AFT private healthcare locals as well as public sector healthcare locals in "OSHA plan" states such as Connecticut, Maryland and Vermont.

The compliance directive is not a regulation but a "how to" for OSHA enforcement officers who conduct workplace violence inspections following a complaint from a worker, or who conduct wall-to-wall inspections of hospitals. OSHA officers can now cite a hospital for not protecting employees from the risk of workplace violence, thanks in part to the efforts of the Danbury nurses.



Assault on nurse results in jail time

New York law sends patient to prison for violent attack

FIVE YEARS. That's the time Terry James will serve in prison for his assault on nurse Judi Rychcik. Last March, Rychcik, a nurse at the Capital District Psychiatric Center (CDPC) in Albany, N.Y., entered a room to respond to a crisis-intervention code and was knocked unconscious by James. Her skull was split, and she had injuries to her neck, head and brain.

Rychcik was on hand to see the landmark sentencing in November. James may have gone unpunished if not for the passage of the Violence Against Nurses law, which went into effect in November 2010.

Rychcik's union, the New York State Public Employees Federation (PEF), was aggressive in getting the law passed.

"The Violence Against Nurses Law was designed to help protect our nurses. It will go a long way in helping to protect our nurses when patients realize there will be consequences for their actions," says PEF president and AFT vice president Ken Brynien.

The incident could have been avoided, says Rychcik. "I may not have been assaulted if there were more staff and more security."

There should not be cutbacks when dealing with people with mental health conditions, Rychcik notes.

Jonathan Rosen, PEF's director of occupational safety and health, says the culture in healthcare has gone along with the notion that violence is part of the job for "too long."

PEF has worked with the office of the Albany County district attorney to develop a strategy designed to hold offenders ac-



ALBANY TIMES UNION PHOTO

"I may not have been assaulted if there were **more staff** and **more security**."

—JUDI RYCHCIK,

New York State Public Employees Federation

countable and let healthcare practitioners know they are supported.

"Violence hurts patients and staff alike. While we do not celebrate the criminal prosecution of Terry James, we laud the district attorney for investigating every assault at CDPC to ensure patients and staff are treated equally under the law," says Rosen.

"I hope that more nurses will get some protection under this law and people will think twice before they hit a nurse," Rychcik, said during a press conference held after her attacker's sentencing.

Healthcare workers less healthy, says study

Continued from page 3

the results then can be used to complete a comprehensive health-risk assessment online, which can serve as a guide to making healthy lifestyle choices.

"We're encouraging our members to know their 'numbers,'" says Cora Shillingford, chapter leader for the VNS local. "This will help us put the focus on achieving wellness instead of fixing illness."

The Visiting Nurse Service also is sponsoring activities such as aerobics and tai

chi and providing other resources to help members achieve their "wellness" goals. In addition, the program offers incentives such as gift cards for member participation.

"The program has been well-received by members, and we are looking forward to producing excellent results," says Shillingford.

Plans are under way to make the program available to all Federation of Nurses/UFT members through their respective employers.



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